

PART B - FEE(S) TRANSMITTAL

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27964 7590 03/23/2007
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Bebbie Sams	(Depositor's name)
<i>Bebbie Sams</i>	(Signature)
June 25, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/993,114	11/05/2001	Hung T. Nguyen	01-633	6984
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TITLE OF INVENTION: CONDITIONAL LINK POINTER REGISTER SETS MARKING THE BEGINNING AND END OF A CONDITIONAL INSTRUCTION BLOCK WHERE EACH SET CORRESPONDS TO A SINGLE STAGE OF A PIPELINE THAT MOVES LINK POINTERS THROUGH EACH CORRESPONDING REGISTER OF SAID REGISTER SETS AS INSTRUCTIONS MOVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1690 \$700	\$0	\$0	\$1690 \$700	06/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MEONSKA, TONIA L	2181	712-234000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

VeriSilicon Holdings (Cayman Islands) Co. Ltd. **Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504177. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature J. Joel Justiss
 Typed or printed name J. Joel Justiss

Date June 25, 2007
 Registration No. 48,981

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